

**AFFECTED WORK FORCE CENSUS QUESTIONNAIRE**

Employee Ethnic/Sex/Disability Designation Form

SPB 821 (3/95)

|  |                     |                        |
|--|---------------------|------------------------|
| EMPLOYEE NAME  | CLASSIFICATION      | CLASS CODE             |
| WORK UNIT  | LOCATION            |                        |
| PLEASE INDICATE HOURS YOU CAN BE REACHED BY PHONE <i>(At Work)</i> | BUSINESS WORK PHONE | SOCIAL SECURITY NUMBER |

FOLLOWING IS MY ETHNIC/GENDER/DISABILITY DESIGNATION FOR THE PURPOSE OF APPLYING GOVERNMENT CODE SECTION 19798 AND RELATED BOARD RULES.

GENDER: ☐ Male ☐ Female

RACE/ETHNICITY: Please check the one box below which best describes your Race/Ethnicity and enter the one letter chosen on this line: \_\_\_\_\_

If Hispanic, check:

*(Hispanic does not include persons of Portuguese or Brazilian origin or persons who acquired a Spanish surname)*

- A. ☐ Mexican, Mexican/  
American, Chicano
- B. ☐ Puerto Rican
- C. ☐ Cuban
- D. ☐ Any Other Spanish/Hispanic

*(Specify)*

If not Hispanic choose from the following:

- E. ☐ White
- F. ☐ Black
- G. ☐ Filipino

If American Indian, Check:

*[(Member of an American Indian tribe or band recognized by the Federal Bureau of Indian Affairs; or has at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada (SPB Rule 547.34 requires written verification of American Indian ancestry at time of employment)]*

H. ☐ American IndianN. ☐ EskimoO. ☐ Aleut*(Specify Tribe)*

If Asian, check:

- I. ☐ Japanese
- J. ☐ Chinese
- K. ☐ Korean
- L. ☐ Vietnamese
- M. ☐ Asian Indian
- S. ☐ Other Asian

*(Specify)*U. ☐ CambodianV. ☐ Laotian

If Pacific Islander, check:

- P. ☐ Hawaiian
- Q. ☐ Samoan
- R. ☐ Guamanian/Chamorro
- T. ☐ Other Pacific Islander

*(Specify)*X. ☐ Other, not listed*(Specify)*

I HAVE REVIEWED THE DISABILITY DEFINITIONS LISTED BELOW AND I WISH TO MAKE THE FOLLOWING CLAIM REGARDING MY DISABILITIES FOR THE PURPOSE OF GOVERNMENT CODE SECTION 19798. (Check "1" or "2" below.)

**DEFINITION:**

An Individual with a Disability means, with respect to an individual (1) having a physical or mental impairment that substantially limits one or more major life activities of such individual; (2) having a record of such impairment; or (3) being regarded as having such an impairment.

- Physical Impairment means any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems: neurological, musculoskeletal, special sense organs, respiratory, (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin and endocrine.
- Mental Impairment means any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- Major life activities means activities that an average person can perform with little or no difficulty, such as: walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself, working, sitting, standing, lifting, or reaching, etc.
- Substantially limits means the individual with a disability is: 1) unable to perform a major life activity that the average person in general population can perform; or 2) significantly restricted as to the condition, manner or duration under which the average person in the general population can perform that same major life activity.

☐ 1. I do not wish to claim a disability.☐ 2. I have one or more of the following disabilities:A. ☐ VISUAL - Legal blindness in one or both eyes; acuity after correction with eyeglasses or contact lenses is no better than 20/200 visual acuity or restriction in the visual field is 20 degrees or less.B. ☐ HEARING - Total deafness or inability to hear a normal conversation and/or use a telephone without the aid of an assistive device.C. ☐ SPEECH - Speech impairment which causes speech to be unintelligible in normal conversation.

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- D.** ☐ ORTHOPEDIC IMPAIRMENTS - Amputation, or functional limitation of upper or lower extremities, trunk, back or spine.
- H.** ☐ EPILEPSY- Periodic disturbance of consciousness during which generalized or partial seizure may occur whether medically controlled or not.
- I.** ☐ NEUROLOGICAL IMPAIRMENTS - Limitation in balance, coordination, sensory and/or cognitive functions, i.e., cerebral palsy, autism, dyslexia.
- J.** ☐ MENTAL RETARDATION - When identified by a physician, school system, California Department of Rehabilitation or other responsible governmental agency.
- K.** ☐ HEART CIRCULATORY - Impairment which substantially interferes with normal work activity.
- L.** ☐ DISEASE OF THE BLOOD AND BLOOD FORMING ORGANS - Disabilities such as leukemia and sickle cell anemia.
- M.** ☐ RESPIRATORY IMPAIRMENT - Unstabilized condition resulting in periodic breathing limitations.
- N.** ☐ DIGESTIVE DISORDER - Periodic stomach or intestinal impairment.
- O.** ☐ COLOSTOMIES AND ILEOSTOMIES - Opening from the digestive tract through the abdominal wall.
- P.** ☐ KIDNEY - Must be treated by dialysis.
- Q.** ☐ DIABETES - Insulin taken for control.
- R.** ☐ HISTORY OF CANCER - Past or present condition.
- S.** ☐ CONDITIONS OF THE SKIN - Existence of offensive scarring, painful or excessive inflammation or decrease in healthy or normal function.
- U.** ☐ MENTAL OR AFFECTIVE DISORDERS - When diagnosed by a physician or licensed clinical psychologist.
- V.** ☐ ALCOHOLISM OR DRUG ADDICTION - Past impairment which substantially interfered with work activity.
- W.** ☐ OTHER - Disability not shown on questionnaire.
- X.** ☐ NO DISABILITY.

BRIEFLY EXPLAIN THE NATURE OF THE DISABILITY CLAIMED, IF NOT LISTED ABOVE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|  |      |
|--|------|
| <i>Under Penalties of Perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it true, correct, and complete.</i> |      |
| EMPLOYEE (Signature)   | DATE |
| DEPARTMENT REPRESENTATIVE WHO REVIEWED/APPROVED THE EMPLOYEE SELF DESIGNATION (Signature)  | DATE |

## PRIVACY STATEMENT

|   |   |
|---|---|
| AGENCY NAME:                              | State Personnel Board   |
| UNIT RESPONSIBLE FOR MAINTENANCE:         | The Personnel Office of the employing State department.   |
| AUTHORITY/PURPOSE:                        | <p>Government Code Section 19792 states that "The State Personnel Board shall: (h) Maintain a statistical information system designed to yield the data and the analysis necessary for the evaluation of progress in affirmative action and equal opportunity with the state civil service..."</p> <p>The data encoded by the department Personnel Office and becomes part of the Employment History System kept by the State Controller's Office. It is shared only with the State Personnel Board and the employing department and may be used for statistical purposes in the selection, layoff, or judicial processes. No other disclosures on an individual identifiable basis are made.</p> |
| PROVIDING INFORMATION:                    | Each employee should indicate with which race/ethnic group they most closely identify.  |
| EFFECTS OF NOT PROVIDING THE INFORMATION: | If an employee fails to self-identify, another method of identification will be used by the State Personnel Board since Government Code Section 19792 requires the collection of race/ethnic origin from all employees.   |
| ACCESS:                                   | Individuals can access their records through their Personnel Office.  |